

## SHOW-ME MUSKIE PROJECT—DAILY TRIP RECORD FORM

IT IS VERY IMPORTANT THAT YOU COMPLETE AN ENTRY FOR EVERY DAY FISHED FOR MUSKIES IN MISSOURI, REGARDLESS OF SUCCESS. PLEASE, ONE FORM PER PERSON PER LAKE. THANKS!

Angler's Name \_\_\_\_\_ Lake \_\_\_\_\_

Date (mm/dd/yy)	Hours fished for muskie	Number of encounters (follows, strikes, and lost muskie) *Do not include fish caught	Number of muskie caught	Length of muskie caught (to the nearest inch)	Harvested or released (H/R)

Comments: \_\_\_\_\_  
\_\_\_\_\_

Please return completed forms to: Dave Woods, Muskellunge Program Coordinator  
Missouri Department of Conservation  
2630 N. Mayfair  
Springfield, MO 65803  
417/895-6881 x1623  
[Dave.woods@mdc.mo.gov](mailto:Dave.woods@mdc.mo.gov)

